



UNITED STATES OF AMERICA

TEMPORARY DUTY (TDY) OFFICIAL TRAVEL AUTHORIZATION
U.S. Department of State

(AGENCY)

2. TRAVEL NO.:

1001 099552 B-35

Allotment Obligation

3. DATE 9/17/80

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)

Ms. Helen Coleman
U.S. Department of State
Washington, D.C.

5. AUTHORIZING OFFICE

6. SOC. SEC. NUMBER

7. APPLICABLE REGULATIONS

☐ FSTR ☐ FTR

OTHER

(Specify)

8. ITINERARY, PURPOSE, REMARKS AND SPECIAL INSTRUCTIONS AND AUTHORIZATIONS

Itinerary: Between Washington, D.C., and New York, N.Y., for the period covering September 20, 1980, and thru September 30, 1980.

Purpose: To attend the UNGA

TRAVEL VIA AIR IS AUTHORIZED

THE USE OF TAXICABS BETWEEN PLACE OF OFFICIAL BUSINESS AND PLACE OF LODGING AND BETWEEN PLACES OF OFFICIAL BUSINESS AUTHORIZED

ACTUAL SUBSISTENCE NOT TO EXCEED \$23.00 FOR EACH CALENDAR DAY OR FRACTION THEREOF IS AUTHORIZED

9. LIQUIDATION RECORD

Date (A)	DEPARTMENT OF STATE Description (B)	Posted By (C)	Obligation Authorized (D)	Obligation Liquidated (E)	Unliquidated Balance (F)
	REVIEWED BY <u>Tolson</u> DATE <u>2/14/81</u>				
	REASON(S) FOR EXISTING LIQUIDATION				
	DECLASSIFIED BY <u>SP-1</u> DATE <u>2/14/81</u>				
	REASON(S) FOR EXISTING LIQUIDATION				
	DECLASSIFIED BY <u>SP-1</u> DATE <u>2/14/81</u>				
	REASON(S) FOR EXISTING LIQUIDATION				

10. TRAVEL REQUESTED BY

Name: Robert Aylmer
Title: Staff Assistant

11. FUNDS AVAILABLE

Name: Albert Jarek
Title: Budget Officer

12. AUTHORIZING OFFICER

Name: Albert Jarek
Title: Budget Officer

13. ACCOUNTING CLASSIFICATION CODES

The coding (A through D) must be shown on all documents issued under this authority and must appear on all vouchers, invoices, TR's, GB/L's, etc. (For USIA, A through F must be shown.)

A. Appropriation	B. Allotment	C. Obligation	D. Organization/Function (USIA: Sub-Cost/Activity Center)	E. Object (USIA: Function)	F. Sub-Subobject (USIA: Resource)	G. Amount
XXXXXX 1900113	1001	099552	011300	2151		\$200.00

OPTIONAL FORM 144 (Rev. 12-77)
Dept. of State

(SEE REVERSE FOR PRIVACY STATEMENT)

COPY 6 - ORIGINATING OFFICE
50144-1-2